

ST. XAVIER BASKETBALL FRESHMAN LEAGUE

Coached by St. Xavier Coaching Staff, Current & Former Players

DATES: LEAGUE SCHEDULE: JUNE 10TH, 11TH, 12TH, 17TH, 18TH, 19TH 3:00 – 5:00PM



AGE LEVEL:

LEAGUE IS OPEN TO BOTH RISING 8TH GRADERS AND RISING ST. XAVIER FRESHMAN

LEAGUE SCHEDULE:

- JUNE 10TH (3-5PM) WILL BE TEAM SELECTION DAY 1 GAME PER DAY FOR EACH CAMPER.
- SCHEDULES WILL BE PASSED OUT AT THE END OF JUNE 10TH SESSION.

REGISTRATION AND LEAGUE FEE:

MAIL THIS COMPLETED REGISTRATION FORM, ALONG WITH CHECK PAYABLE TO ST. XAVIER HIGH SCHOOL, OR SUBMIT REGISTRATION ONLINE AT STXSPORTSCAMPS.COM. EARLY REGISTRATION IS ENCOURAGED. CAMPS WILL BE FILLED ON A “FIRST COME, FIRST SERVED BASIS.” THE CAMP FEE INCLUDES A T-SHIRT AND INSTRUCTION FROM THE STAFF. THE PRE-REGISTERED FEE IS \$100.00 PER CAMPER, LEAGUE WILL SELL OUT SO WALK-UPS WILL BE PUT ON WAITING LIST. YOU WILL BE NOTIFIED IF THE LEAGUE IS SOLD OUT. **CREDIT CARD PAYMENTS WILL BE ACCEPTED ONLY WITH ONLINE REGISTRATION.**

LEAGUE FEATURES:

LEAGUE WILL FEATURE A SIX GAME “REGULAR SEASON” AND CONCLUDE BY PLAYING A TOURNAMENT AT THE END OF THE SCHEDULE. TEAMS WILL BE COACHED BY CURRENT ST. XAVIER COACHES AND PLAYERS. EVERY ATHLETE WILL PLAY AT MINIMUM 1/2 OF EACH GAME. EACH ATHLETE WILL RECEIVE A ST. XAVIER T-SHIRT AND INSTRUCTION ON TEAM PLAY WITH AN EMPHASIS ON FUNDAMENTALS.

HIGHLIGHTS:

EVERY CAMPER WILL RECEIVE T-SHIRT AND PLAY 1 GAME PER SCHEDULED DAY. EACH TEAM WILL PARTICIPATE IN ROUND ROBIN REGULAR SEASON AND SINGLE ELIMINATION TOURNAMENT. TEAM AND INDIVIDUAL AWARDS WILL BE AWARDED.

FOR INFORMATION ABOUT CAMPS OR LEAGUES, CONTACT: BRIAN KELLETT AT BKELLETT@STXAVIER.ORG

CUT ALONG DOTTED LINE AND RETURN REGISTRATION FORM WITH SIGNED MEDICAL RELEASE

NAME: _____ AGE: _____ GRADE ENTERING NEXT YEAR: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

PHONE: (HOME) _____ SCHOOL ATTENDING NEXT YEAR: _____

ADULT T-SHIRT SIZE (CIRCLE) S M L XL

TWO WAYS TO REGISTER:

1) MAIL REGISTRATION FORM TO: St. Xavier High OR 2) REGISTER ONLINE: STXSPORTSCAMPS.COM
C/O ATHLETIC DEPARTMENT
600 WEST NORTH BEND ROAD
CINCINNATI, OH 45224

MAKE CHECK PAYABLE TO: **ST. XAVIER HIGH SCHOOL**

MEDICAL RELEASE FORM

THE UNDERSIGNED FURTHER AGREE(S) AND UNDERSTAND(S) THAT MY/OUR SON PARTICIPATES IN THE ST. XAVIER HIGH SCHOOL BASKETBALL CAMP AT HIS OWN RISK, AND THAT THE UNDERSIGNED MY/OUR SON'S BEHALF AND MY/OUR BEHALF, ASSUME FULL RESPONSIBILITY FOR ANY INJURY, LOSS, DAMAGES INCURRED IN CONNECTION WITH SAID ST. XAVIER HIGH SCHOOL BASKETBALL CAMP. THE UNDERSIGNED ALSO AGREE(S) TO FOREVER RELEASE, DISCHARGE, AND COVENANT TO HOLD HARMLESS THE SCHOOL, IT'S TRUSTEES, TEACHERS, EMPLOYEES, AGENTS AND ANY OTHER PARENT OR VOLUNTEER WHO PARTICIPATES AS A CHAPERONE OR OTHER ASSISTANT IN CONNECTION WITH THE ST. XAVIER BASKETBALL CAMP, THEIR HEIRS, ADMINISTRATORS, EXECUTORS, SUCCESSORS, OR ASSIGNS, FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, COSTS, EXPENSES, LOSS OF SERVICES, ACTIONS AND CAUSES OF ACTION BELONGING TO THE UNDERSIGNED OR THE STUDENT THAT IN ANYWAY AND AT ANYTIME ARISE OUT OF THE STUDENT'S PARTICIPATION IN THE ST. XAVIER BASKETBALL CAMP

MOTHER SIGN _____ DATE _____ FATHER SIGN _____ DATE _____